

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
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22						
23						
24						
25						
26	1					
27						
28						
29						
30						
31						
32		1				
33		1				
34	2					
35	2					
36	2					
37	2					
38	1					
39	1					
40	2					
41	2					
42	2					
43	2					
44	2					
45	1					
46	2					
47	2					
48	1					
49						
50						
TOTAL IND.	1					
TOTAL DEP.	20					
TOTAL CLAIMS	21					

	*		*		*	
	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						